

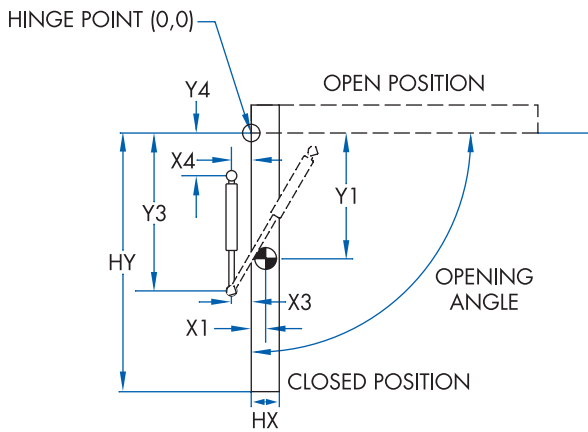
GENERAL INFORMATION

NAME: _____
 TITLE: _____
 COMPANY: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 COUNTRY: _____
 PHONE: _____
 EMAIL: _____
 FAX: _____

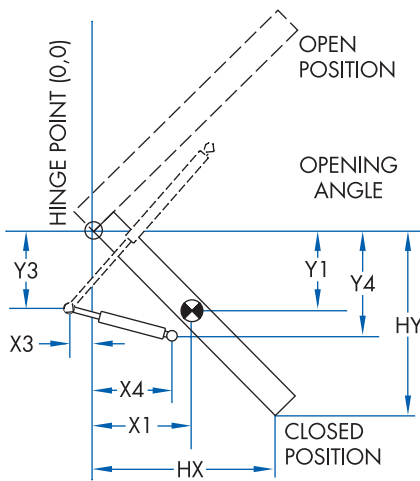
DATE: _____
 REQUEST COMPLETION DATE: _____
 TYPE OF BUSINESS: _____
 WEBSITE: _____
 ORDER NUMBER: _____

FROM THE DRAWINGS, CHECK THE BOX IN FRONT OF THE EXAMPLE THAT BEST MATCHES YOUR APPLICATION.

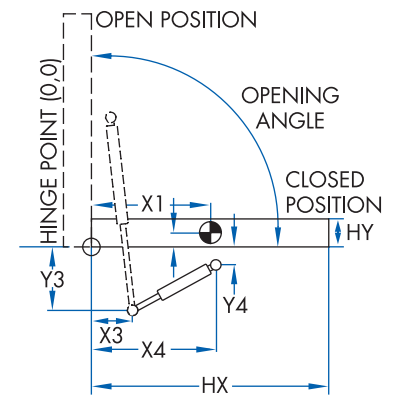
VERTICAL DOOR



OFFSET DOOR



HORIZONTAL DOOR



APPLICATION INFORMATION

PRODUCT / PROJECT NAME: _____
 ESTIMATED ANNUAL UNIT VOLUME: _____
 APPLICATION DESCRIPTION (environment, cycle lift, etc.): _____

END FITTING: _____

MATERIAL: Steel Stainless Steel (SS304) Stainless Steel (SS316)

DESIRED ACTION: Autorise Stay Down / Hold Open
 Overcenter Counterbalance

DAMPENING: Extension Compression Extension & Compression
 Heavy Light

Based on your selected illustration, please provide the following information:

Dimensions are in: mm inches
 Center of Gravity: X1 = _____ Y1 = _____
 Handle (closed): HX = _____ HY = _____
 Opening Angle: _____ degrees
 Weight of Door: _____ lbs. kg.

PREFERRED MOUNTING LOCATION:

Fixed X3 = _____ Y3 = _____
 Moving X4 = _____ Y4 = _____

HANDLE LOADS DESIRED:

To Lift = _____
 To Close = _____
 Drawing Attached

CALL US AT 866.378.7550

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OR EMAIL US AT ACCESSBETTERTHINKING@ALLEGISCORP.COM

